

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7821

CERTIFICATE OF DEATH

07829

Reg. Dist. No. 201

1. PLACE OF DEATH:

COUNTY KENT

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN CHESTERTOWN

LENGTH OF STAY
(in this place)

4 HRS

HOSPITAL OR
INSTITUTION OR
STREET ADDRESSKENT & QUEEN ANN'S
HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD.

COUNTY KENT

CITY (If outside corporate limits, write RURAL and give nearest town)
OR

TOWN

KENNEDYVILLE, RURAL

STREET
ADDRESS

(If rural give location)

NEAR LOCUST GROVE

3. NAME OF
DECEASED:
(Type or Print)

FEMALE COLORED

IVY

ANNE

DAY

4. DATE (Month)
OF
DEATH:

AUG. 10, 1955

5. SEX:

6. COLOR OR
RACE:

(Specify)

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,

(Specify)

SINGLE

8. DATE OF BIRTH:

SEPT. ? 1954.

9. AGE last birthday

IF UNDER 1 YEAR

yrs. Months Days

IF UNDER 24 HRS.

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):10B. KIND OF BUSINESS
OR INDUSTRY:

NONE

NONE

11. BIRTHPLACE (State or foreign country):

MARYLAND

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME:

ISIAH DAY

14. MOTHER'S MAIDEN NAME:

NELLIE MARSHALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT & ADDRESS:

ISIAH DAY KENNEDYVILLE, RFD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.0

IMMEDIATE CAUSE

(A)
DUE TOAcute enteritis (cavitations oocysts)
4 days

ANTECEDENT CAUSE (S)

(B)
DUE TODISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not white
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from 8/9, 1955, to 8/10, 1955, that I last saw the deceased

alive on 8/10, 1955, and that death occurred at 4:00 P.M., from the causes and on the date stated above.
SIGNATURE

ADDRESS DATE SIGNED

M.D.

Kennedyville, Md 8/10/55

23. BURIAL, CREMATION
REMOVAL (SPECIFY)

BURIAL

DATE THEREOF

AUG 11, 1955

NAME OF CEMETERY OR CREMATORIUM

MT. ZION CEMETERY

LOCATION (City, town, or county) (State)

STILL POND, MD.

DATE REC'D BY LOCAL
REGISTRAR

8/10/55

REGISTRAR'S SIGNATURE

E. Kennard Jones

24. FUNERAL DIRECTOR

B.R. FELLOWS

ADDRESS

STILL POND, MD.

acute ENTERITIS

causitive organism
unknown

BUREAU V.

AUG 15 1955

RECEIVED

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

7325 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07830

Reg. Dist. No.

Items 2,13,14 FilmG185 8-22-55 et

| | | | |
|--|--------------------------------|---|--|
| 1. PLACE OF DEATH- COUNTY Kent MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY | |
| CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Near Rock Hall LENGTH OF STAY (In this place) | | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore STREET ADDRESS (If rural, give location) 922 Belgian Avenue ✓ | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Airplane crash in Chesapeake Bay | | | |
| 3. NAME OF DECEASED (Type or Print) | (First) Charles Hiram (Middle) | (Last) DICKINSON | 4. DATE OF DEATH Aug. 7, 1955 |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single | 8. DATE OF BIRTH 8/24/1932 9. AGE last birthday 22 yrs. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 13. FATHER'S NAME William Owens | | 11. BIRTHPLACE (State or foreign country) Camden, N. J. 12. CITIZEN OF WHAT COUNTRY? USA | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 562-40-5687 17. INFORMANT AND ADDRESS Catherine Bosch | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

863X

Immediate cause

(a) Injuries, multiple, severe

INTERVAL BETWEEN
ONSET AND DEATH

here

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

| | | | | |
|--|---|---------------------|----------|---------|
| 21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | PLACE OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY Aug. 7 1955 3:24 | INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> at work | Rock Hall Kent. Md. | | |

HOW DID INJURY OCCUR?
Airplane crashed in Chesapeake Bay
in thunderstorms, near Rock Hall, Md.

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined .

SIGNATURE

Leon War

(Degree or title)

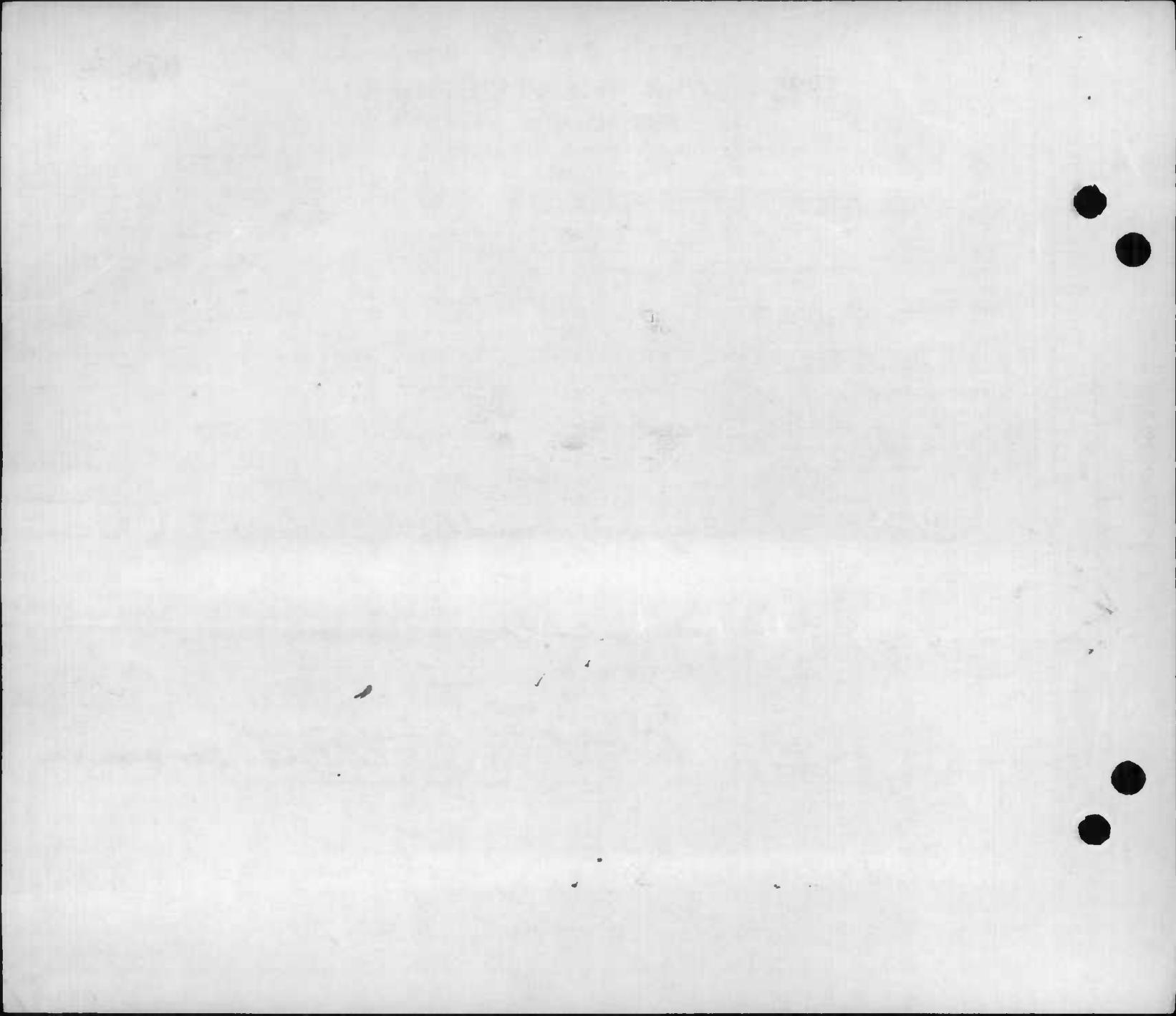
M.D.

ADDRESS

DATE SIGNED

8/20/55

| | | | | |
|---|--|--|---|----------------|
| 23. BURIAL, CREMATION REMOVAL (Specify) cremation | DATE THEREOF 8-13-55 | NAME OF CEMETERY OR CREMATORIAL Greenwood | LOCATION (City, town, or county) Baltimore | (State) Md. |
| DATE REC'D BY LOCAL REG. 8-15-55 | REGISTRAR'S SIGNATURE <i>Hedward Leonard J. Ranch</i> | 24. FUNERAL DIRECTOR ADDRESS 1 Bayard St | | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07831

7832

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

COUNTY Kent

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Chestertown

MARYLAND

LENGTH OF STAY
(in this place)

16 days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

3722 Keest & Queen Anne's Hwy

3. NAME OF
DECEASED:

(Type or Print)

B. Walter

(Middle)

(Last)

Ferguson

5. SEX:

Male

white

RACE:

6. COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, DIVORCED
(Specify):

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

Retired Farmer

10B. KIND OF BUSINESS
OR INDUSTRY:

8. DATE OF BIRTH:

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BUREAU V. S.

AUG 31 1935

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7826

CERTIFICATE OF DEATH

07832

Reg. Dist. No. 201

1. PLACE OF DEATH:

COUNTY KENT

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN WORTON R.F.D.

LENGTH OF STAY
(in this place)

20 YRS.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

HELEN E. HYNSON

5. SEX:

6. COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

FEMALE NEGRO

8. DATE OF BIRTH:

MARRIED JAN. 12, 1898

9. AGE last birthday

57

IF UNDER 1 YEAR

yrs.

IF UNDER 24 HRS.

Months

Days

Hours

Mln.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):10B. KIND OF BUSINESS
OR INDUSTRY:

HOUSEWIFE

HOME

11. BIRTHPLACE (State or foreign country):

MARYLAND

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME:

ANDREW BUTLER

14. MOTHER'S MAIDEN NAME:

CAROLINE SCOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT & ADDRESS:

GILBERT HYNSON WORTON, R.F.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X IMMEDIATE CAUSE

(A) DUE TO

Renal failure

INTERVAL BETWEEN
ONSET AND DEATH

3 weeks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B) DUE TO

hypertensive cardiovascular disease

2 + years

(C)

cerebrovascular accident

18 months -

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M. I hereby certify that I attended the deceased from May, 1955, to Aug. 12, 1955, that I last saw the deceased

alive on Aug. 12, 1955, and that death occurred at 2:45 A.M. from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

Florena Deering Joyce

M.D.

Worton, Md

8/20/55

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)

REMOVAL (SPECIFY)

BURIAL

AUG. 23, 1955

ST. GEORGE'S CEMTY

WORTON R.F.D. MD.

DATE REC'D BY LOCAL REGISTRAR

8/20/55

REGISTRAR'S SIGNATURE

C. Kennedy Jones

24. FUNERAL DIRECTOR

B.R. FELLOWS

ADDRESS

STILL POND, MD.

BUREAU V

AUG 26 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07833

7823

CERTIFICATE OF DEATH

Reg. Dist. No 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

| | | | | | | | |
|---|-----------------------------------|--|--|--|--|---|---|
| 1. PLACE OF DEATH: COUNTY <u>KENT</u> | | MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Chestertown</u> | | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Anne Arundel</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Millington</u> STREET ADDRESS <u>R.R.#1</u> | | | |
| 3. NAME OF DECEASED: (Type or Print) <u>Baby Boy</u> | | (First) <u>Baby</u> (Middle) <u>Boy</u> (Last) <u>Kennedy</u> | | 4. DATE (Month) (Day) (Year) OF DEATH: <u>August 17 1955</u> | | | |
| 5. SEX: <u>Male</u> | 6. COLOR OR RACE: <u>Negro</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>Single</u> | 8. DATE OF BIRTH: <u>August 17, 1955</u> | 9. AGE last birthday yrs. <u>6</u> months <u>45</u> days <u>0</u> hours <u>0</u> min. | 10. KIND OF BUSINESS OR INDUSTRY: <u>10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):</u> | 11. BIRTHPLACE (State or foreign country): <u>Maryland</u> | 12. CITIZEN OF WHAT COUNTRY?: <u>AREZLLIA Virginia MASSEY</u> |
| 13. FATHER'S NAME: <u>WALTER Elzie Kennedy</u> | | 14. MOTHER'S MAIDEN NAME: <u>MILLINGTON, Md. ITR#1</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: <u>Mother - Millington, Md. ITR#1</u> |
| 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>762.0</u> IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Was born 29 days ago after a short labor and with loss of minimal amounts of blood. Did not breathe well at anytime & became extremely cyanosed when out of oxygen. There was probably some atelectasis. Head round bones clinically & serum & cerebrospinal</u> | | | | | | | |
| 19A. DATE OF OPERATION: | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs 45'</u> | |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | | 21C. WHERE DID (City or town) INJURY OCCUR? | | (County) (State) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | | 21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>8/17 1955</u> , to <u>8/17 1955</u> , that I last saw the deceased alive on <u>8/17 1955</u> , and that death occurred at <u>8/17 1955</u> M, from the causes and on the date stated above. SIGNATURE <u>Clara L. Barnes</u> ADDRESS <u>Chesapeake</u> DATE SIGNED <u>8/17/55</u> | | | | | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u> | | DATE THEREOF <u>Aug 18, 1955</u> | | NAME OF CEMETERY OR CREMATORIAL <u>Mt Pleasant Cem.</u> | | LOCATION (City, town, or county) (State) <u>Pondon Cemetary Md.</u> | |
| DATE REC'D BY LOCAL REGISTRAR <u>Aug. 18-1955</u> | | REGISTRAR'S SIGNATURE <u>Clara L. Barnes.</u> | | 24. FUNERAL DIRECTOR ADDRESS <u>Edward Bellour Millington Md.</u> | | | |

BUREAU V. S.

AUG 22 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07834

7324

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

| | | | |
|---|----------------------------|---|--------------------------------|
| 1. PLACE OF DEATH: COUNTY KENT. CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CHESTERTOWN | | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY KENT. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN STREET ADDRESS 102 LYNCHBURG ST. | |
| 3. NAME OF DECEASED: (Type or Print) GEORGE EDWARD LINDSEY | | 4. DATE (Month) OF DEATH: 8 28 1955 | |
| 5. SEX: M | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED | 8. DATE OF BIRTH JUL 5 1909 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER | | 10B. KIND OF BUSINESS OR INDUSTRY: Cannery | |
| 11. BIRTHPLACE (State or foreign country): Md. | | 12. CITIZEN OF WHAT COUNTRY? USA. | |
| 13. FATHER'S NAME: George Lindsey | | 14. MOTHER'S MAIDEN NAME: Blanche Johnson. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) UNK. | | 16. SOCIAL SECURITY NO. 220-I6-9524 | |
| 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 154X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | | | |
| (A) DUE TO INTESTINAL OBSTRUCTION (B) DUE TO METASTATIC CARCINOMA OF RECTUM, to Mesentery, Liver, Omentum & Small intestine. (C) | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19A. DATE OF OPERATION: 8. 12. 55 | | 19B. MAJOR FINDINGS OF OPERATION Obstruction of ileum due to metastatic carcinoma | |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | |
| 21F. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 8. 6. 1955, to 8. 28. 1955, that I last saw the deceased alive on 8. 25. 1955, and that death occurred at 9 th M. from the causes and on the date stated above. SIGNATURE G. T. K. ADDRESS DATE SIGNED M.D. CHESTERTOWN, Md. 8. 29. 55 | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | DATE THEREOF 9/1/55 | |
| NAME OF CEMETERY OR CREMATORIAL Rich Neck (col.) Cem. | | LOCATION (City, town, or county) near Church Hill Queen Anne Co. Md. | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR Aug. 29-1955 | | 24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md. | |

BUREAU Y. S.

AUG 31 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07835

7327

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

COUNTY KENT

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN STILL POND

LENGTH OF STAY
(in this place)
LIFETIMEHOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print)

(First) MAURICE

(Middle)

(Last) PEAKER

5. SEX:

MALE

COLOR OR
RACE: Colored6. COLOR OR
RACE:
7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

MARRIED

SEPT. 15, 1886

8. DATE OF BIRTH:

4. DATE (Month)
OF
DEATH: AUG. 17,(Day) (Year)
1955.9. AGE last birthday
yrs.10. IF UNDER 1 YEAR
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life.
even if retired): LABORER10B. KIND OF BUSINESS
OR INDUSTRY: FARM HAND

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT
COUNTRY? U.S.A.

13. FATHER'S NAME:

LEWIN PEAKER

14. MOTHER'S MAIDEN NAME:

ROSIE GARRISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service) NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT & ADDRESS:

MARTHA PEAKER STILL POND, MD.

18. MEDICAL CERTIFICATION

33IX

IMMEDIATE CAUSE

(A)
DUE TO

Hyperkinision

ANTECEDENT CAUSE (S)

(B)
DUE TO

cerebral hemorrhage

(C)

INTERVAL BETWEEN
ONSET AND DEATHII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from June 15, 1955 to Aug. 17, 1955, that I last saw the deceased
alive on Aug. 16, 1955, and that death occurred at 1400 A.M. from the causes and on the date stated above.
SIGNATURE E. Kester ADDRESS DATE SIGNED 8/18/55 Aug.23. BURIAL, Cremation,
REMOVAL (Specify)
BURIAL

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REGISTRAR 8/18/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

B. R. FELLOWS STILL POND, MD.

Mr. Kester Rock Hall

14° a.m.

BUREAU V. 8

AUG 26 1955

RECEIVED

07836

MARYLAND STATE DEPARTMENT OF HEALTH

7828 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 208

| | | | |
|--|--|--|---------------------------------------|
| 1. PLACE OF DEATH: CITY OR TOWN <input checked="" type="checkbox"/> Rock Hall | | 2. USUAL RESIDENCE (HOME) OF DECEASED: CITY (If outside corporate limits, write RURAL and give nearest town) <input checked="" type="checkbox"/> Chevy Chase | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <input checked="" type="checkbox"/> Rock Hall | | LENGTH OF STAY (in this place) | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <input checked="" type="checkbox"/> Airplane crash in Chesapeake Bay | | STREET ADDRESS <input checked="" type="checkbox"/> 4804 Wellington Drive | |
| 3. NAME OF DECEASED (Type or Print) | (First) Mary | (Middle) Ann | (Last) Rodgers |
| 4. DATE OF DEATH | 8-7-55 | | (Year) 19 |
| 5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single | 8. DATE OF BIRTH Feb. 17, 1935 20 |
| 9. AGE last birthday yrs. | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY USA |
| 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13. FATHER'S NAME Wm. L. Rodgers | 14. MOTHER'S MAIDEN NAME Mary Reed | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> no | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | |
|------|---|--|---|
| 863X | Immediate cause <input checked="" type="checkbox"/> Injuries, multiple, severe | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) | INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/> hour |
|------|---|--|---|

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/> Injury to heart, lungs, liver, kidneys, brain, spinal cord, etc. <input checked="" type="checkbox"/> Internal bleeding <input checked="" type="checkbox"/> Multiple fractures <input checked="" type="checkbox"/> Contusion of head, face, neck, chest, abdomen, etc. <input checked="" type="checkbox"/> Fracture of skull, spine, ribs, etc. <input checked="" type="checkbox"/> Hemorrhage, shock, edema, etc. <input checked="" type="checkbox"/> Other findings | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | PLACE OF INJURY <input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/> Public <input type="checkbox"/> Street <input type="checkbox"/> Highway <input type="checkbox"/> Water <input type="checkbox"/> Airplane <input type="checkbox"/> Space <input type="checkbox"/> Space | (CITY OR TOWN) <input checked="" type="checkbox"/> near Rock Hall <input type="checkbox"/> New York <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Other <input type="checkbox"/> <input checked="" type="checkbox"/> Bay |
| TIME (Month) (Day) (Year) (Hour) OF INJURY INJURY <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> AM <input type="checkbox"/> PM | INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> <input type="checkbox"/> at work <input type="checkbox"/> | (COUNTY) <input checked="" type="checkbox"/> Rock Hall <input type="checkbox"/> New York <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Other <input type="checkbox"/> <input checked="" type="checkbox"/> Bronx |
| HOW DID INJURY OCCUR? <input checked="" type="checkbox"/> Airplane crashed in water during thunder storm | | |

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide homicide undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

*Wm. L. Rodgers**M.D.**Chestertown Md**8/10/55*

| | | | |
|--|---|--|--|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 8-13-55 | NAME OF CEMETERY OR CREMATORIAL Ivy Hill | LOCATION (City, town, or county) Alexandria, Virginia |
| DATE REC'D BY LOCAL REG. 8/13/55 | REGISTRAR'S SIGNATURE <i>J. Elwood Burgess</i> | 24. FUNERAL DIRECTOR <i>Robert Murphy</i> | ADDRESS Bethesda, Md. |

PURÉAU V. S.
RECEIVED

AUG 18 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07837

7329 CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

| | | |
|---|------------------|-------------------------------|
| COUNTY | <i>Kent</i> | MARYLAND |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) | | LENGTH OF STAY <i>1 yr</i> |
| TOWN | <i>Betterton</i> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | <i>—</i> | |

2. USUAL RESIDENCE (HOME) OF DECEASED:

| | | | |
|---|------------------|--------|-------------|
| STATE | <i>Md</i> | COUNTY | <i>KENT</i> |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | <i>BETTERTON</i> | | |
| STREET ADDRESS | | | |

3. NAME OF (First) (Middle) (Last)

DECEASED: *Ruth Victoria Wilson*

(Type or Print)

4. DATE (Month) (Day) (Year)

OF DEATH: *Aug 22 1955*9. AGE last birthday *54*10. UNDER 1 YEAR Months Days Hours Min.

8. DATE OF BIRTH:

F 6. COLOR OR *M* 7. SINGLE, MARRIED, *WIDOWED, DIVORCED*RACE: *NECNO* (Specify): *M*10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): *COOK*10B. KIND OF BUSINESS OR INDUSTRY: *HOTEL*11. BIRTHPLACE (State or foreign country): *Md*12. CITIZEN OF WHAT COUNTRY? *45*13. FATHER'S NAME: *John S. Wilmore*14. MOTHER'S MAIDEN NAME: *KATIE BROOKS*15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) *No* (If Yes, give war or dates of service)16. SOCIAL SECURITY NO. *215-12-6756*17. INFORMANT & ADDRESS: *VIVIAN HENDERSON, BETTERTON, Md*

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3

IMMEDIATE CAUSE

(A) DUE TO *acute pulmonary edema*

INTERVAL BETWEEN ONSET AND DEATH

15 min -

ANTECEDENT CAUSE (S)

(B) DUE TO *left cardiac decompensation**1 hour*

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(C) *dead on arrival.*

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19....., to , 19....., that I last saw the deceased

alive on , 19....., and that death occurred at 2:50 P.M. from the causes and on the date stated above.
SIGNATURE *Florence Berninger Joyce* ADDRESS *Worton, Md* DATE SIGNED *8/22/55*23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)

BURIAL AUG. 25, 1955 FOUNTAIN CEMETERY WORTON (P.F.D.) MD.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

REGISTRAR *8/24/53* *E. Kennard Jones* B. R. FELLOWS STILL POND, MD.

BUREAU V. S.

AUG 26 1955

RECEIVED